

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

RECEIVED

By Carol Day at 3:37 pm, Jun 27, 2014

Complete this report at the time of the regular m Complete this report whenever the instrument is Retain the original and send a copy within 15 da	s serviced or repaired a	nd whenever it is place		
intox dmt sn NAME OF AGENCY Missouri Sta		DATE OF INSPECTION 06/27/2014		
LOCATION OF INSTRUMENT (STREET AND CITY) 216 N. Missouri, Jackson, Mo 63755		TIME OF INSPECTION 08:39:44		
CHECKLIST: Place a mark in the box by each values where determined). Unmarked items must	item if found to be satis	sfactory or is operating using instrument.	within established limits. (\	Write in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>06/27/2014 08:39:46</u> ☑ DETECTOR				
☑ PROGRAM	☑ FILTER 1	FILTER 1		
SAMPLE CHAMBER 48.7°C				
☐ BREATH TUBE 47.0°C ☐ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD ☐ COMPRESSED ETHANOL-GAS MIXTURE				
	LOT #	‡_21913080A4	EXP. DATE 0	9/01/2015
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIMUL	ATOR SN	SIMULATOR EXP DA	TE
 □ CALIBRATION CHECK - (ONLY ONE ST Run three tests using a standard. All three to of .005 or less. Mark the box corresponding □ 0.10% STANDARD - MUST READ □ 0.08% STANDARD - MUST READ □ 0.04% STANDARD - MUST READ 	g to the standard being BETWEEN 0.095% A BETWEEN 0.076% A	used. ND 0.105% NCLUSI\ ND 0.084% NCLUSI\	/E	
TEST 1: 0.077	TEST 2: 0.077		TEST 3: 0.077	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS: 1 004: 4	.0509: 1	.1014: 2	.1519: 1	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MO ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	DIFICATION THAT WAS MADE	TO RESTORE THE INSTRUMEN	T TO OPERATE SATISFACTORILY A	ND WITHIN
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER	EXPIRATION DATE	PRINT FULL NAME MARK A WINDI	2420200	
240082 EXPIRATION DATE 03/07/2016 TELEPHONE NUMBER 573-840-9500 RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services Southeast District Office 2875 James Blvd, Poplar Bluff, MO 63901				



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790 217-245-2183 • Fax: 217-243-7634 • www.ilmoproducts.com

Certificate of Analysis

Cartificate "D:

5180

والماء محرج الم

BAC105L080T

College Size

105L

Lot Number:

21913080A4

Excitations

9/1/2015

0.080 BAC (For use with breath alcohol testing instruments)

Contents:

105 Liters @ 1000 psig 70°F (21°C)

Component

Concentration:

Accuracy:

Mathod: NDIR

208.4 ppm

÷/- 0.002 or 2%

Ethano! Nitrogen

Balance

BAC whichever

is greater

*NIST Standarc Reference Material Cylinder No. CC14290 / Job No. 09160202 Certified 212.8 µmol/mol Ethanol in Nitrogen for ILMO Products Co., Jacksonville, IL

Distributed by:

CMI Inc.

316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690

www.alcoholtest.com